## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE FORM PTO-875)

SERIALNO, 10/518708
APPLICANT(S)

FILING DATE

**CLAIMS** 

|            | · AS   | · AS FILED                                       |          | AFTER 1 AMENDMENT |  |          | AFTER 2 "AMENDMENT |  |          |
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| CLAIMS     |  |  |          | 6                 |  |          |                    |  | 鏧        |

|                 | AS FILED     |              | AF<br>1"AME | TER<br>NDMENT | AF                | AFTER 2 MAMENDMENT |  |  |
|-----------------|--------------|--------------|-------------|---------------|-------------------|--------------------|--|--|
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| 90<br>91        |              | — <u> </u>   |             |               |                   |                    |  |  |
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| TOTAL IND.      | 4            | #            |             | 1             |                   | 1                  |  |  |
| OTAL DEP        |              | •            |             |               |                   | <b>(-</b>          |  |  |
| TOTAL<br>CLAIMS |              |              |             |               | 12                |                    |  |  |

PTO - 1360 (REV. 11/04)

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